



GREATER GREENSBORO SOCIETY OF
MEDICINE ALLIANCE

2020-2021 MEMBERSHIP & DIRECTORY FORM

Name:

(How physician's and spouse's/partner's names will appear in the directory—Dr. John A. Doe; Mrs. Rebecca Doe; Mr. Robert Smith, Ms. Rebecca Smith, etc.)

Informal Names:

These names will appear in parentheses, if different from above (Jack and Becky)

Address:

City:

Zip:

Check preferred number below (this number will be listed first in the directory)

Alliance Member Mobile Phone:

Alliance Member Home Phone:

Physician's Practice Name:

**Alliance Member E-mail:

** Please include your current e-mail address - newsletters and notices are sent via e-mail. We will only use your email for Alliance purposes.

MEMBER AREAS OF INTEREST (PLEASE CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Alliance Angels: Provide gifts for needy children to help make their holidays brighter | <input type="checkbox"/> Men's Interest Group: Regular social events for medical husbands/partners |
| <input type="checkbox"/> Book Club: Monthly discussions hosted in local restaurant | <input type="checkbox"/> Membership: Find and welcome new members to the Alliance |
| <input type="checkbox"/> Bunco: Join us for monthly Alliance game nights | <input type="checkbox"/> Mini Medics: Social gatherings for parents and young children |
| <input type="checkbox"/> Community Outreach: Assist with service projects | <input type="checkbox"/> Outdoor Group: Join us in activities to enjoy the outdoors—hiking, kayaking, etc. |
| <input type="checkbox"/> Doctors' Day: Assist with activities to promote health among children | <input type="checkbox"/> Scholarships: Assist in evaluating scholarship applications for the Jean Embry Frazer high school scholarship |
| <input type="checkbox"/> Keep in Touch Socially (KITS): Long-time members gather to reconnect | <input type="checkbox"/> Social: Assist with planning social events for members, including New Physician Social |

Alliance member profession (current or former) or skills:

Please select one of the following:

- | | | |
|--|--|---|
| <input type="checkbox"/> Regular Member | <input type="checkbox"/> \$80 (State & Local) | <input type="checkbox"/> \$145 (State, Local & Nat'l) |
| <input type="checkbox"/> Special Member..... | <input type="checkbox"/> \$75 (State & Local) | <input type="checkbox"/> \$140 (State, Local & Nat'l) |
| (Spouse of retired physician, widow) | | |
| <input type="checkbox"/> Early career (first 3 years of practice) | <input type="checkbox"/> \$75 (State & Local) | <input type="checkbox"/> \$140 (State, Local & Nat'l) |
| <input type="checkbox"/> Dual physician or physician & spouse/partner..... | <input type="checkbox"/> \$160 (State & Local) | <input type="checkbox"/> \$260 (State, Local & Nat'l) |
| <input type="checkbox"/> Dual physician (first 3 years of practice) | <input type="checkbox"/> \$150 (State & Local) | <input type="checkbox"/> \$215 (State, Local & Nat'l) |

NCMS Alliance is a 501(c)(3) charitable organization and GGSMA is a recognized State Alliance affiliate.

Payment options:

Please complete this form for all payment types and mail to:
Cathy Ingram, 1104 Hammel Rd., Greensboro, 27408

- Check—made payable to GGSMA
- Credit card—Payment type: Visa MasterCard Discover American Express
- Card number _____ Exp. date _____ CSC _____
- Name on card _____
- Billing address (if different from above) _____
- _____

My spouse's practice will pay for my membership

Thank you for your support!